

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582531

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		3		1		
5		3		1		
6		3		1		
7		3				
8		3		1		
9		3		1		
10		3		1		
11		1		1		
12		1		1		
13		1		1		
14		1				
15		1				
16		1				
17		1		1		
18		3		1		
19		3				
20		3		1		
21		3				
22		3				
23		3				
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31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		①				
38		①				
39		①				
40		3		1		
41		3		1		
42		3				
43		3		1		
44		3				
45		3				
46	1		1			
47		1		1		
48						
49						
50						
TOTAL IND.	3	↓	3	↓	0	↓
TOTAL DEP.	108	←	17	←	0	←
TOTAL CLAIMS	111		20		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	